



Jewish Social Service Agency

# PERSONAL RECORDS, INVENTORY, AND PLANS UPON DEATH

**Name:** \_\_\_\_\_

**Date Updated:** \_\_\_\_\_

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*This document does not take the place of a Will, Durable Power of Attorney or Health Care Directive and has no legal effect. It is for convenience only – to aggregate in a single convenient*

*place confidential information that will assist in estate planning and to be a resource to your family in case of your death or serious injury.*

*The document is in Word "Table" format so that the box below each item will automatically expand to accept any length of material. If no information is to be inserted for a category, enter "none". As this document includes confidential information, it should be kept in a safe place with a copy provided to at least one of your immediate heirs and reviewed with updates annually.*

## **PART I - INVENTORY: CONTACTS, ASSETS, LIABILITIES, DOCUMENTS, AND LOCATIONS**

### **1. PERSONAL DETAILS:**

Full Legal Name	
Physical Address	
Social Security #	
Date of Birth	
Citizenship	
Marital Status	
Spouse Name	
Date & State Married	

### **2. IMPORTANT DOCUMENTS**

DOCUMENT	OTHER INDIVIDUAL RESPONSIBLE (if applicable)			Document Disposition	
	Title	Name	Address/ Telephone	Located (Original & Copies)	Date Signed
Last Will and Testament	Preparing Attorney				
	Executor				
	Substitute Executor				
	Trustee				
	Guardian				
Durable Power of Attorney					
Health Care Directive					
Organ Donation Documents					

Birth and marriage certificate(s)					
Pension plan papers					
Safe/Safe Deposit box (location, number, key/Combination)					
Other papers (identity and location, e.g. passport)					
Insurance policies (medical, long term care, life, property, liability, auto)					

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### 3. IMMEDIATE FAMILY MEMBERS

Relationship	Name	Address	Telephone

Additional family and close friends can be added below (entry boxes expand).

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### 4. REAL PROPERTY & SUBSTANTIAL ASSETS (description and location)

<b>PROPERTY DESCRIPTION</b>	<b>LOCATION/ DESCRIPTION</b>	<b>OWNERSHIP (name other owners and shares)</b>	<b>DEBT (type/ maturity/ lender)</b>	<b>DOCUMENT location</b>
Residence				
Other Real Property				
Burial Plot				
Business Interest (including key employees, associates)				
Substantial Tangible Assets (jewelry, antiques, cars, <i>et.c.</i> )				

## 5. ADVISORS:

<b>ADVISOR</b>	<b>NAME</b>	<b>ADDRESS</b>	<b>TELEPHONE</b>
Attorney, Trust & Estate			
Attorney, personal/ business			
Financial Advisor			
Accountant			
Physician, Primary Care			
Physician, Other			
Clergy (i.e. Minister, Pastor, Rabbi, etc.)			
Insurance Agents (life, health, long term care, casualty & Property)			
Employer (including chief officer & benefits person)			

## 6. INSURANCE POLICIES

Policy Type	Insured Policy Location	Insurance Company	Agent Contact
Health			
Long Term Care			
Property			
Auto			
Life			
Other			

## 7. FINANCIAL ASSETS/LIABILITIES (inventory, location, numbers)

Assets	Type	Owner(s)	Institution and Number
<b>BANKING</b>	Checking		
	Savings		
<b>INVESTMENT</b>	Investment account(s)		
	Retirement (IRA, 401k, 403b)		
	Educational Savings		
	529 Plan accounts		
	Other -		
	Other -		
<b>Debt/ Liability</b>	<b>Type</b>	<b>Owner(s)</b>	<b>Institution and Number</b>
	Mortgage		
	Loan		
	Credit Card		
	Credit Card		
	Credit Card		
	Credit Card		
	Other -		
	Other -		
<b>Special Financial and Other Obligations</b>	<b>Type</b>	<b>Description</b>	<b>Parties and Addresses</b>

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**PART II**

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# PLANS AND INSTRUCTION UPON DEATH OR SERIOUS INJURY

## 8. THINGS TO DO UPON DEATH

	Authorize organ donations (for registration in your state, see donatelifenet)
	Comments:
	Notify: immediate family, relatives and friends (list with name, address, numbers), pastor/spiritual advisor, executor or estate personal representative, trust and estate attorney, family attorney, employer/office, others
	Comments:
	Secure copies of death certificate
	Comments:
	Apply for life insurance, Social Security death benefit, employer/employment benefits, pension plan death benefits
	Comments:
	Cancel any credit cards no longer needed
	Comments:
	Review accounts payable and other outstanding obligations
	Comments:
	Review automatic payment arrangements for continuation or termination
	Comments:
	Autopsy preference (specify)
	Comments:

## 9. FUNERAL ARRANGEMENTS AND DESIRES

Cremation or burial wishes	
List of prepaid funeral expenses	
Funeral or memorial service wishes	
Memorial donations preference	
Personal information desired or to be included or excluded from death announcement or obituary	

## 10. OTHER MATTERS

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Computer unlock password	
Web accounts passwords	
Pets (name, age, veterinarian, care upon death)	

Prepared this \_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_